

## ISSUE SLIP STAPLE AREA (for additional cross references)

25/10/1

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	M7		
<b>RESPONSE FORMALITY REVIEW</b>			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/1/63
2	✓	✓	1/1/63
3	✓	✓	1/1/63
4	✓	✓	1/1/63
5	✓	✓	1/1/63
6	✓	✓	1/1/63
7	✓	✓	1/1/63
8	✓	✓	1/1/63
9	✓	✓	1/1/63
10	✓	✓	1/1/63
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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